DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Public Health
DPH 4673 (Rev. 05/03)

STATE OF WISCONSIN
Bureau of Family & Community Health
WIC Program
Federal Reg. 246

CHILD QUESTIONNAIRE

(1 through 4 years of age)

Participation in WIC is voluntary. Personally identifiable information is used to determine WIC eligibility and may be disclosed to others only as allowed by state and federal laws.

INSTRUCTIONS: Please check your answer or fill in the blank. If you don't know an answer, leave it blank.

Child's First and Last Name _____ Today's Date _____

Child's Birth Date _____ Where has child been on WIC before? _____

Your First and Last Name _____

Are you the child's: ☐ Parent ☐ Grandparent ☐ Foster Parent ☐ Other (relationship) _____

For the mother (or person who takes care of the baby **most** of the time), what was the last grade completed in school, if known (GED = 12th grade)? _____ Age of person that cares for baby **most** of the time _____

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1. Check the programs under which the child is covered or uses:

☐ Kinship Care, W-2, TANF	(a)	☐ *Birth to Three Program/Early Intervention*	(h)
☐ Food Stamps or Commodity Foods	(c)	☐ Extension Nutrition Education Program (EFNEP or FNP)	(j)
☐ Health Check (EPSDT)	(g)		
☐ *Regional Children with Special Health Care Needs Centers*	(i)	☐ Headstart	(k)
		☐ *Foster Care*	(n)
☐ *SSI or Katie Beckett*	(b)	☐ *Home Health Care*	(t)
☐ Case Management/Care Coordination	(p/q)	☐ Other _____	
☐ Child Care Food or Summer Food Program	(d)		

2. Check how child's health care is paid for:

☐ Medicaid/Healthy Start/Badger Care	(a)	☐ No insurance	(g)
☐ Insurance - co-pay or deductible	(f)	☐ Indian Health or Migrant Health	(c)
☐ Insurance with exclusions or restrictions	(h)	☐ Other government source	(d)
☐ Insurance - full coverage	(e)		

3. What was your child's birthweight? _____

4. Name of child's doctor _____ Clinic _____

5. When was child's last health care visit or a check-up? _____

6. Does baby have a health problem? ☐ Yes ☐ No If yes, check any health problems this child has.

☐ *Food allergy*	☐ *HIV/AIDS*	☐ *Fetal alcohol syndrome, drug exposure*
☐ *Heart problem*	☐ *Cancer*	☐ *Autism, PPD*
☐ *Kidney problem*	☐ *Asthma*	☐ *ADD, ADHD*
☐ *Cerebral palsy*	☐ *Blood problem*	☐ *Born premature*
☐ *Unrepaired cleft lip/palate*	☐ *Cystic fibrosis*	☐ *Lung problem*
☐ *Down Syndrome*	☐ *Lead poisoning*	☐ Lactose Intolerance
☐ *Diabetes*	☐ *Requires tube feeding*	☐ Other _____

Is this child going to a special doctor, therapist, or dietitian for a health problem? ☐ Yes ☐ No

If yes, who is child seeing? _____

7. *Has child had a serious illness, injury, burn, surgery, or poisoning in the last year?* ☐ Yes ☐ No

   If yes, which condition(s) did the child have? _____

8. Check any of these that are problems for your child most of the time:

   ☐ Constipation ☐ Vomiting ☐ Ear infections
   ☐ Diarrhea ☐ Stomach pains or gas ☐ Other _____

9. Does child take prescribed medicine? ☐ Yes ☐ No

   If yes, what medicine is the child given? _____

10. Is child given any of the following:

    ☐ Laxatives ☐ Diarrhea medicine ☐ Home remedies
    ☐ Herbs ☐ Other supplements or medicine _____

11. Is this child taking a vitamin or mineral supplement? ☐ Yes ☐ No If yes, what does child take? _____

12. Has child been to a dentist? ☐ Yes ☐ No If yes, when was the last visit? _____

13. Does child have any dental problems? ☐ Yes ☐ No ☐ Not sure

    If yes, what are the dental problems? _____

14. Does this child eat (or try to eat) cornstarch out of the box, paste, laundry starch, dirt, clay, plaster, paint chips or other non-food items? ☐ Yes ☐ No

    If yes, what does the child eat or try to eat? _____

15. Has this child had a blood lead test? ☐ Yes ☐ No

16. Does anyone who lives in child's home smoke? ☐ Yes ☐ No

17. Is your child breastfed? ☐ Yes ☐ No

    If child was breastfed, what was the last age that your child received breastmilk?

    _____ Year _____ Months _____ Weeks

18. Check the topics below for which you would like more information:

    ☐ Where to get health care for my child ☐ Immunization shots ☐ Blood lead test

CHILD'S FOOD RECORD

(1 through 4 years of age)

Child's Name _____ Today's Date _____

INSTRUCTIONS: For the last 24 hours, write down everything the child ate or drank (meals and snacks). Start with the first morning feeding yesterday, to the first morning feeding today.

TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN
EXAMPLE: 8:30 a.m.	home	sandwich - 2 slices whole wheat bread, 2 slices cheddar cheese, and 1 tablespoon butter 1 cup tomato soup made with lowfat milk

Office Use Only: Brd: Frt: Veg: Milk: Meat:

1. Is this the way this child eats most of the time? ☐ Yes ☐ No If no, why? _____
2. How is the child's appetite? ☐ Good ☐ Fair ☐ Poor
3. What foods does the child refuse to eat? _____
4. Are meals with this child usually pleasant?: ☐ Yes ☐ No If no, why? _____
5. Who usually eats with the child? _____
6. How often does this child eat away from home? ☐ 1 to 2 times a week ☐ 2 to 4 times a week ☐ almost every day

   Where are these meals eaten? _____
7. Does this child use a bottle or no-spill cup? ☐ Yes ☐ No If Yes, how many a day? _____

   Does child take the bottle or no-spill cup to bed? ☐ Yes ☐ No

   If no, until what age did child use a bottle or no-spill cup? _____ months old _____ years old ____ never used one
8. Does this child usually eat the foods offered? ☐ Yes ☐ No

9. Check any of these eating behaviors child has:

☐ *Chokes and gags* ☐ Does not feed self ☐ Eats too fast
☐ Does not drink from cup ☐ Is a fussy eater ☐ Eats too slowly

10. Circle the foods the child ate or drank in the last three days:

Beef	Orange, grapefruit	Broccoli	Tea
Hamburger	Orange or grapefruit juice	Spinach, bok choy	Coffee
Pork	Strawberries	Greens (mustard, collard)	
Chicken	Pineapple/Pineapple juice	Potatoes	Soda pop
Turkey	WIC Approved* apple juice	Cabbage, cole slaw	Flavored drink mix
Wild game	WIC Approved* grape juice	Green pepper	Hot chocolate
Tuna	WIC Approved* juice blends	Cauliflower	
Other fish, dried fish	WIC Approved* calcium-fortified juice	Tomato or tomato juice	
Liver, liverwurst	Watermelon	Carrots	
Peanut butter	Cantaloupe	Dark yellow squash	
WIC approved* cereals	Papaya, mango	Sweet potatoes	
Dried beans/ peas	Peaches, apricots	Pumpkin	
Peanuts/other nuts	Other fruits _____	Other vegetables _____	
Tofu	_____	_____	
Eggs			

Milk	White bread	Hot dogs	Chips
Cheese	Muffin	Sausage	Candy
Yogurt	Tortilla	Lunch meats	Gelatin
Ice Cream	Bun	Egg rolls	Cookies
Pudding	Rice	TV dinners	Donuts
Pizza	Rice skins	Pot pies	Cake, cupcakes
Tacos	Noodles	Canned meals like spaghettios	Popsicle
Enchiladas	Dark bread	Box meals like macaroni & cheese	
Lasagna	Pancakes	Canned soup	
Cheeseburger	Crackers		

*A list of WIC Approved cereals and juices is available from the local WIC Project

11. Does this child eat fish caught in Wisconsin lakes and rivers? ☐ Yes ☐ No

12. Did the child have problems in the last month getting enough food? ☐ Yes ☐ No

13. If you are short of money for food, what foods does your child not get? _____

14. What working applicances do you have to make or store food? ☐ Stove ☐ Refigerator ☐ Microwave

15. Who buys the food for the child? _____ Who cooks the food for the child? _____

16. Where does this child usually eat? ☐ Kitchen/dining table ☐ Living/TV room ☐ Other _____

17. How often does this child go to day care, babysitter or Head Start? How many days a week? _____

Are meals provided? ☐ Yes ☐ No

18. Where does child's drinking water come from? ☐ Well water ☐ City water ☐ Bottled ☐ Don't know

If well water was used, when was the last time it was tested? _____

19. How many hours per day does this child spend sitting and watching television or videotapes on a typical day? _____